Affix Photo Here

Potters House

Not just a school but an experience

Application

Please Note: **All applications must be accompanied by a non-refundable $25 registration fee**

Name _____
Last First Middle Maiden

Present Address _____

City _____ State _____ Zip _____

Phone ( ) _____ ( ) _____ Country _____

PERSONAL

(circle one)

Sex: Male Female **Marital Status:** Single Married Separated Divorced Widowed - when?
(If separated or divorced, please attach explanation)

Birthdate _____ Age _____ Social Security Number _____ - _____ - _____

Date graduated from high school/GED _____

Birthplace _____ Are you a U.S. Citizen? ❑ Yes ❑ No

Are you a resident alien? ❑ Yes ❑ No *(If yes, enclose a copy of green card)*

SPIRITUAL

When did you accept Christ as your personal Saviour? ____/____

Have you had an Acts 2:4 experience? ❑ Yes ❑ No

Do attend church regularly? ❑ Yes ❑ No Are you a member? ❑ Yes ❑ No

State any Christian service you have done: _____

_____

_____

_____

Home church /Denomination _____

Pastor's name _____ Phone ( ) _____

Address of church _____
Street City State Zip

(over please)

HEALTH

Please describe any physical or emotional conditions, and state any special attention, treatment or medication required.

_____

_____

_____

EDUCATION

High School _____ Dates Attended _____ Graduated? _____

College _____ Dates Attended _____ Degree? _____

Other _____ Dates Attended _____ Degree? _____

Other _____ Dates Attended _____ Degree? _____

FAMILY

Name of spouse, if married _____ Birthdate _____

Children (Names and ages) _____

_____

PARENTS

Father's Name _____ Living? ❑ Yes ❑ No Phone ( ) _____

Mother's Name _____ Living? ❑ Yes ❑ No Phone ( ) _____

EMPLOYMENT

Present employer _____

Address _____

Phone ( ) _____ YOUR EMPLOYER WILL BE CONTACTED

HISTORY

Answering YES to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you used tobacco, illegal drugs, or alcoholic beverages in the last six months? ❑ Yes ❑ No

If yes, please explain _____

_____

_____

Have you ever been involved in homosexuality or lesbianism? ❑ Yes ❑ No

If yes, how long since last involved? _____

Have you ever been arrested? ❑ Yes ❑ No If yes, when? *Please attach a brief explanation*

Were you convicted? ❑ Yes ❑ No If yes, when and where? _____
Please attach a brief explanation

Have you ever been involved in the occult, witchcraft, or cults? ❑ Yes ❑ No *If yes, please attach a brief explanation*

FINANCES

How do you plan to pay for your educational expenses? _____

_____

How did you hear of The Potter's House? _____

_____

AGREEMENT: I understand that any falsification of information on this application is grounds for dismissal at any time.

_____

Applicants Signature Date

The Potter's House reserves the right to require the withdrawal of any student who is considered to be out of harmony with the spirit of this institute.

Please return this and your $25 registration fee (check made out to Christian Life Center) to:

Potters House

6391 Leisure Town Road
Vacaville CA 95687
pottershouse@vvclc.org
707-448-3124

Statement of Purpose

Date _____

Applicant's Name _____ S.S.# _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

PLEASE TYPE OR PRINT LEGIBLY

Give a brief description of your Christian experience (how you came to know the Lord; your present walk with the Lord).
Limit statement to 300 words:

(over please)

Briefly explain why you want to attend The Potter's House.

Do you feel called to a particular aspect of ministry service (e.g., pastor, missionary, worship leader, children's ministry, etc.)?

Statement of Purpose should be sent along with your Application to:

Potter's House 6391 Leisure Town Road Vacaville CA 95687 pottershouse@vvclc.org 707-448-3124

Personal Recommendation

NOTE: This section to be completed by applicant

To the Applicant: Each applicant applying is required to submit two personal recommendations for review by the admissions committee. Fill in the date, your name and address in the section below.

Date _____

Phone: Day ( ) _____ Evening ( ) _____

Applicant's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Country of Citizenship _____

To the person completing the Recommendation: The above named is applying for admission to The Potter's House-School of the Supernatural. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the school office at the address provided.

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? *Please check one:*

❑ Very close ❑ Fairly well ❑ Casually ❑ By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? ❑ Yes ❑ No ❑ Unsure

4. To your knowledge, does the applicant:
Use tobacco? ❑ Yes ❑ No **Drink alcohol?** ❑ Yes ❑ No **Use illegal drugs?** ❑ Yes ❑ No

5. In what form of Christian service has the applicant participated regularly (Sunday school teacher, youth leader, nursery worker, etc.)? _____

_____

6. What do you consider to be the applicant's strengths? _____

_____

7. Weaknesses? _____

_____

8. Which characteristics best describe the applicant? *Please check all that apply.*

_____ Warmhearted _____ Critical _____ Tolerant _____ Passive _____ Sympathetic _____ Rebellious

_____ Respectful _____ Enthusiastic _____ Loving _____ Teachable _____ On fire for Jesus Christ

(over please)

9. Please evaluate the applicant in regard to the following categories. *Please circle one.*

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

Please print or type the information below.

Your Name _____ Phone ( ) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this to:

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Vacaville CA 95687
pottershouse@vvclc.org 707-448-3124

Personal Recommendation

NOTE: This section to be completed by applicant

To the Applicant: Each applicant applying is required to submit two personal recommendations for review by the admissions committee. Fill in the date, your name and address in the section below.

Date _____

Phone: Day ( ) _____ Evening ( ) _____

Applicant's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Country of Citizenship _____

To the person completing the Recommendation: The above named is applying for admission to The Potter's House-School of the Supernatural. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the school office at the address provided.

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? *Please check one:*

❑ Very close ❑ Fairly well ❑ Casually ❑ By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? ❑ Yes ❑ No ❑ Unsure

4. To your knowledge, does the applicant:
Use tobacco? ❑ Yes ❑ No **Drink alcohol?** ❑ Yes ❑ No **Use illegal drugs?** ❑ Yes ❑ No

5. In what form of Christian service has the applicant participated regularly (Sunday school teacher, youth leader, nursery worker, etc.)? _____

_____

6. What do you consider to be the applicant's strengths? _____

_____

7. Weaknesses? _____

_____

8. Which characteristics best describe the applicant? *Please check all that apply.*

_____ Warmhearted _____ Critical _____ Tolerant _____ Passive _____ Sympathetic _____ Rebellious

_____ Respectful _____ Enthusiastic _____ Loving _____ Teachable _____ On fire for Jesus Christ

(over please)

9. Please evaluate the applicant in regard to the following categories. *Please circle one.*

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

Please print or type the information below.

Your Name _____ Phone ( ) _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this to:

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6391 Leisure Town Road
Vacaville CA 95687
pottershouse@vvclc.org 707-448-3124

Pastoral Recommendation

NOTE: This section to be completed by applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him to the The Potter's House. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date _____

Phone: Day ( ) _____ Evening ( ) _____

Applicant's Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Country of Citizenship _____

To the pastor: The above named is applying for admission to The Potter's House-School of the Supernatural. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the school office at the address provided.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? *Please check one:*

❑ Very well, pastoral relationship ❑ Fairly well, numerous personal contacts

❑ Casually, few personal contacts ❑ By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? ❑ Yes ❑ No ❑ Unsure

4. To what extent is the applicant engaged in the activities of your church? *Please check one.*

❑ Enthusiastic, deeply involved ❑ Cooperative, usually willing to help

❑ Seldom participates, although attends regularly ❑ Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

_____

6. What do you consider to be the applicant's strengths? _____

_____

7. Weaknesses? _____

_____

8. To your knowledge, does the applicant:

Use tobacco? ❑ Yes ❑ No **Drink alcohol?** ❑ Yes ❑ No **Use illegal drugs?** ❑ Yes ❑ No

(over please)

9. Please describe home factors which might affect the applicant's success at The Potter's House

10. The applicant's influence on his or her peers is: ❑ Positive ❑Neutral ❑Negative

11. Please evaluate the applicant in regard to the following categories. *Please circle one.*

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Response to authority:	1	2	3	4	5	6
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6
Oral Expression: clarity, coherence	1	2	3	4	5	6
Interpersonal relations: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal Appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation. _____

_____

Please check one:

❑ I ***highly*** recommend ❑I recommend ❑I recommend ***with reservation*** ❑I ***cannot*** recommend

Please comment: _____

_____

_____

Please print or type the information below:

Your name _____ Phone ( ) _____

Name of church and denomination _____

Pastoral position _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Please return this to:

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